

IN THE

Docket No.: 17209-336CP1

Confirmation No.: 1093

Art Unit: 3626

Examiner: Sereboff, Neal

For: Long Term Care Risk Management Clearinghouse

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. § 1.136(a))

Sir:

1. This is a petition for an extension of time for Amendment and Response to Non-Final Office Action dated January 28, 2009.

2. The communication in connection with the matter for which this extension is requested

☒ is filed herewith.

☐ has been filed on

3. ☐ Applicant(s) is/are entitled to Small Entity Status.

- | | | | | |
|----|-------------------------------------|---|--|---------------------------------|
| | | <u>Total Months
Requested</u> | <u>Fee for Other
than Small Entity</u> | <u>Fee for
Small Entity</u> |
| a. | <input type="checkbox"/> | one month | \$130.00 | \$65.00 |
| b. | <input type="checkbox"/> | two months | \$490.00 | \$245.00 |
| c. | <input checked="" type="checkbox"/> | three months | \$1,110.00 | \$555.00 |
| d. | <input type="checkbox"/> | four months | \$1,730.00 | \$865.00 |
| e. | <input type="checkbox"/> | five months | \$2,350.00 | \$1,175.00 |
| f. | <input type="checkbox"/> | An extension for _____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$ _____), minus the fee previously paid (\$ _____) equals \$_____ (total fee due). | | |
5. ☐ A check in the amount of \$ _____ to cover the extension fee is attached.

6. ☐ Charge fee to Deposit Account No. 03-1240 No. 17209.336CP1.
7. ☒ The Commissioner is hereby authorized and requested to charge any additional fees which may be required by this paper, or credit any overpayment to Deposit Account No. 03-1240 Order No. Docket No. 17209.336CP1.

Respectfully submitted,
CHADBOURNE & PARKE LLP

Dated: July 28, 2009

By: /Walter G. Hanchuk/

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